



DEPARTMENT OF THE ARMY
HEADQUARTERS, US ARMY ARMOR CENTER AND FORT KNOX
289 IRELAND AVENUE
FORT KNOX, KENTUCKY 40121-5111

REPLY TO
ATTENTION OF:

Expires 9 February 2008

ATZK-MS (40)

9 February 2006

MEMORANDUM FOR

Commanders, All Units Reporting Directly to This Headquarters
Directors and Chiefs, Staff Offices/Departments, This Headquarters

SUBJECT: Fort Knox Policy Memo No. 16-06 – Field Treatment and Evacuation of Soldiers with Suspected Heat Injuries

1. References:

- a. Textbook of Military Medicine, Medical Aspects of Harsh Environments, Volume 1, OTSG, 2002.
- b. AR 40-3, Medical, Dental, and Veterinary Care, 12 November 2002.
- c. TRADOC Reg 350-29, Prevention of Heat and Cold Casualties, 16 July 2003.
- d. Memorandum, TRADOC, ATAL-CG, 27 April 2004, subject: Initial Entry Training (IET) Heat Injury Prevention 2004.

2. The purpose of this policy is to provide guidance for Combat Lifesavers and 91Ws on the treatment and evacuation of Soldiers who may have signs of either “dehydration” or “heat injury.” Rapidly instituting these measures can prevent “dehydration” from becoming a life threatening “heat injury.”

3. Combat Lifesavers and 91Ws serve as important and vital links in the military healthcare system by providing initial evaluation and care of injured Soldiers. Unfortunately, moderate heat injured patients may exhibit minor “external” symptoms but have significant biochemical abnormalities that require laboratory testing and treatment unavailable in the training areas. For this reason, all potentially “heat injured” patients require rapid evaluation and treatment. Some Soldiers may need referrals to the MEDDAC Emergency Department based on indicators listed below.

4. Early symptoms of “dehydration” include: inability to keep up with the training, fatigue, nausea, headache, and dry mouth. As “dehydration” proceeds to a “heat injury,” the following more serious symptoms may develop: difficulty walking, stumbling, muscle cramps, and confusion. All leaders will check their Soldiers frequently for these symptoms and rapidly intervene. In addition, Soldiers who notice battle buddies with these symptoms must promptly notify the chain of command.

5. Leaders should initially put Soldiers exhibiting symptoms of “dehydration” or early “heat injury” at rest in a shaded or air conditioned environment. The Soldiers will be offered cool fluids to drink and have their equipment, helmet, boots, and BDU blouse removed to promote cooling. The company chain of command will be notified immediately. This notification will prompt a rapid risk

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assessment of the current training, since one potential heat injured Soldier may be an indicator of risk in other Soldiers.

6. Soldiers that do not improve within 1 hour with rest and oral fluids, those whose condition deteriorates, those who vomit more than once, or those who have mental status changes at any time (see Enclosure) will be evacuated to MEDDAC immediately.

7. If the Soldier's symptoms improve with rest and drinking fluids within an hour and continue to improve over a 2-hour period **and** they have no signs of "heat injury" (muscle cramps, decreased or dark urination, and changes in wakefulness), they may return to light duty. The Soldier will be evaluated by a health care provider at either the MEDDAC or TMC on the next duty day before returning to full duty.


8. Any Soldier who receives an IV will be transported to a medical care facility for further evaluation. Evacuation, if needed, will not be delayed due to difficulty in establishing the Soldier's IV line.

9. If the severity of a heat injury is unknown or thought to be moderate to severe, cooling with ice sheets should be started. Unfortunately, not every Soldier who loses consciousness or whose mental status changes, is a heat injury. Other conditions that may mimic a heat injury include heart attacks or seizures. Therefore, if medically trained personnel (91Ws) are available, a rectal temperature will be obtained and ice sheets will be started for a temperature of greater than 101 degrees. Ice sheets should be stopped if the patient is shivering or complaining of discomfort from the cold. Once ice sheets are administered, the patient should be rapidly evacuated to confirm an actual heat injury. Ambulance section personnel from MEDDAC will carry a rectal thermometer for this purpose.

10. As always, the best way to prevent heat injuries and other training injuries is by proactive planning, rigorous risk assessment, and constant surveillance of the training environment and the Soldiers we command.

11. The POC for this memorandum is LTC Eric Shuping, phone 624-0506/DSN 464-0506 or eric.shuping@na.amedd.army.mil.

Encl



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Mental Status Assessment – an important sign that the Soldier is in a serious life-threatening condition is the presence of mental confusion (with or without increased temperature). Assess mental status by asking the following questions.

Call for MEDEVAC or ambulance if any of the following exist:

What is your name?

(Does not know own name).

What month is it? What year is it?

(Does not know month or year).

Where are you/we?

(Does not know the place where they are).

What were you doing before you became ill?

(Does not know events that led to the present situation).